

Clinical services capability framework

Fact sheet 2 Explanation of service levels

The Clinical Services Capability Framework (CSCF) for public and licensed private health facilities¹ outlines the clinical services health facilities may provide. The current version in Queensland is version 3.2 which describes service level capability rather than the overall capability of a health facility (see Table 1).

Table 1 Distinguishing service from facility

Service	Refers to clinical services e.g. surgical or maternity services, provided under the auspices of an organisation or facility.
Facility	Refers to the physical structure or organisation that operates a number of services of similar or differing capability level.

Within the CSCF, clinical services are categorised into up to six capability levels (see Figure 1), with Level 1 managing the least complex patients and Level 6 managing the highest level of patient complexity.

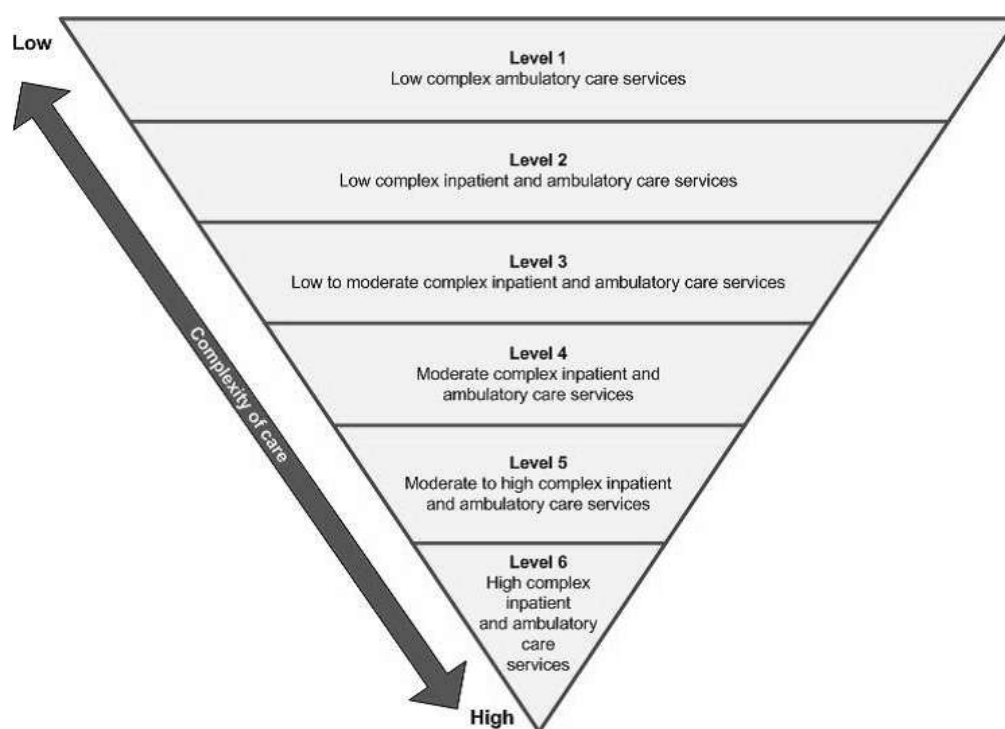


Figure 1 CSCF levels

Source: Clinical Services Capability Framework v3.2

As a general rule, service levels build on previous service level capability (one exception is adult emergency services). For instance, a service nominated as having level 6 capability should have all the capabilities of clinical services up to level 5 plus additional capabilities resourcing the most highly complex clinical service. Each service level provides the additional capabilities representing the minimum requirements for that level. A brief summary of service levels is outlined in Table 2.

¹ As updated from time to time

Table 2 CSCF levels of service

Service level	Description
Level 1 service	<ul style="list-style-type: none"> • Provides <i>low-risk</i> ambulatory care clinical services <i>only</i>. • Predominantly delivered by health providers such as registered nurses (RN) and/or health workers rather than a general practitioner (GP). However, a visiting GP may intermittently provide a medical service. • Patients requiring a higher level of care can be managed for short periods before transfer to a higher level service.
Level 2 service	<ul style="list-style-type: none"> • Provides <i>low-risk</i> inpatient and ambulatory care clinical services. • Delivered mainly by RNs and GPs with admitting rights to the local hospital. • Some limited visiting/outreach allied health services provided. • Manages emergency care until transfer to a higher level service. • May have a university affiliation including an education and teaching commitment.
Level 3 service	<ul style="list-style-type: none"> • Provides <i>low to moderate-risk</i> inpatient and ambulatory care clinical services with access to limited support services. • Predominantly delivered by GPs (available 24 hours a day, 7 days a week but not necessarily on-site) and RNs including midwives and/or nurses with specialty qualifications, possibly inclusive of visiting day only specialist services as well as low-risk surgery and/or minor procedures, and an education and training role (longer than day only may be arranged). • Manages emergency care and transfers to a higher level if required. • No intensive care unit, although the facility may have access to a monitored area. • May have a university affiliation including an education and teaching commitment.
Level 4 service	<ul style="list-style-type: none"> • Provides <i>moderate-risk</i> inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists. • Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (may be combined with a cardiac care unit) with related support services also available on-site. • If higher level or more complicated care required, patients may need to be transferred to a level 5 service. • Some specialist diagnostic services also available. • Has a university affiliation including an education, teaching and research commitment.
Level 5 service	<ul style="list-style-type: none"> • Manages <i>all but the most highly complex</i> patients and procedures. • Acts as referral service for all but the most complex service needs which may mean highly complex, high-risk patients require transfer or referral to a level 6 service. • Has strong university affiliations and major teaching with some research commitments in both local and multi-centre research.
Level 6 service	<ul style="list-style-type: none"> • Is the <i>ultimate high-level service</i> delivering complex care and acting as a referral service for all lower-level services. • Can also be a statewide super specialty service accepting referrals from across the state and interstate where applicable. • Generally provided at a large metropolitan hospital. • Has strong university affiliations and major teaching and research commitments in both local and multi-centre research.

Service and workforce characteristics described in the CSCF are a guide only and should not be seen as prescriptive. Workforce profiles do not provide staffing ratios, absolute skill-mix, or clerical and/or administration workforce requirements as these are best determined locally in line with minimum standards.

In the event a service cannot meet all requirements of a CSCF level, this may be resolved through development, endorsement (by the chief executive of the service/facility) and implementation of mitigating risk strategies to ensure delivery of safe and sustainable health care. The risk management response must be in accordance with relevant health sector policy statements and standards.